

Utah Medicaid Provider Manual	Mental Health Centers
Division Of Health Care Financing	Reissued October 2003

SECTION 2

Mental Health Centers

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1 GENERAL POLICY

1 - 1 Authority

Effective July 1, 1993, the Utah State Medicaid Plan was amended to allow mental health centers to provide services to Medicaid clients under the Diagnostic, Screening, Preventive, and Rehabilitative Services Option, 42 CFR 440.130. Under this option, services may be provided in settings other than the mental health center, as appropriate, with the exception of an inpatient hospital.

1 - 2 Scope of Services

The scope of diagnostic and rehabilitative mental health services includes the following:

Diagnostic services

- Psychiatric Diagnostic Interview Examination (Mental Health Evaluation)
- Mental Health Assessment by a Non-Mental Health Therapist
- Psychological Testing

Rehabilitative services

- Individual Psychotherapy (Individual Mental Health Therapy)
- Individual Psychotherapy with Medical Evaluation and Management Services
- Family Psychotherapy
- Group Psychotherapy (Group Mental Health Therapy)
- Pharmacologic Management (Medication Management)
- Therapeutic Behavioral Services (Behavior Management–Individual/Family or Group)
- Individual Skills Training and Development (Skills Development Services)
- Psychosocial Rehabilitative Services (Group Skills Development Services)

Services must promote the client's mental health, reduce the client's mental disability, restore the client to the highest possible level of functioning, promote the client's self-sufficiency, and systematically reduce the client's reliance on support systems.

See Chapter 2, Scope of Services, for service definitions and limitations.

1 - 3 Definitions

CHEC: Child Health Evaluation and Care is Utah's version of the federally mandated Early Periodic screening Diagnosis and Treatment (EPSDT) program. All Medicaid eligible clients from *birth through age twenty* are enrolled in the CHEC program. The only exception to this policy is that Medicaid clients age 19 and older enrolled in the Non-Traditional Medicaid Plan are **not** eligible for the CHEC program. The Medicaid Identification Cards for individuals enrolled in the Non-Traditional Medicaid Plan are blue in color and specify that the individual is enrolled in this plan.

Diagnostic Services means any medical procedure recommended by a physician or other licensed practitioner of the healing arts, within the scope of his practice under State law, to enable him to identify the existence, nature, or extent of illness, injury, or other health deviation.

Rehabilitative Services means any medical or remedial services recommended by a physician or other licensed practitioner of the healing arts, within the scope of his practice under State law, for maximum reduction of physical or mental disability and restoration of a client to his best possible functional level.

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Prepaid Mental Health Plan (PMHP): A managed care plan offering coverage for mental health care services. The services covered are specified in the PMHP contract with Medicaid. Medicaid clients in certain geographic areas of the state receive inpatient and outpatient mental health services through selected contractors (community mental health centers) paid on a capitation basis.

1 - 4 Qualified Mental Health Providers

- A. Diagnostic and rehabilitative outpatient mental health services are covered benefits only when provided by or through a provider licensed by the Utah Department of Human Services as a comprehensive mental health treatment program as defined in Section 62-A-12-202, Utah Code Annotated, 1953, as amended. Providers may provide services directly or subcontract with qualified practitioners or entities not affiliated with a hospital.
- B. Application for license may be made to the Office of Licensing in the Utah Department of Human Services.
- C. Children in State Custody–
 - 1. For the provision of outpatient services to children in state custody, comprehensive mental health treatment programs may follow this provider manual. Please note children in state custody must have more frequent reviews of their treatment plans. The review schedule for children in state custody is outlined in Chapter 1 - 8, Periodic Review of the Treatment Plan.
 - 2. For provision of residential treatment services to children in state custody, please refer to the Diagnostic and Rehabilitative Mental Health Services by DHS Contractors Medicaid Provider Manual for Medicaid requirements.

1 - 5 Staff Qualifications

A. Staff Qualified to Prescribe Services

Rehabilitative services must be prescribed by an individual defined below:

- 1. licensed mental health therapist practicing within the scope of his or her licensure in accordance with Title 58, Utah Code Annotated, 1953, as amended:
 - a. licensed physician;
 - b. licensed psychologist;
 - c. licensed clinical social worker;
 - d. licensed advanced practice registered nurse;
 - e. licensed marriage and family therapist; or
 - f. licensed professional counselor;
- 2. an individual who is working within the scope of his or her certificate or license in accordance with Title 58, Utah Code Annotated, 1953, as amended:
 - a. certified psychology resident working under the supervision of a licensed psychologist;
 - b. certified social worker working under the supervision of a licensed clinical social worker;
 - c. advanced practice registered nurse intern working under the supervision of a licensed advanced practice registered nurse;
 - d. certified marriage and family therapist intern working under the supervision of a licensed marriage and family therapist; or
 - e. certified professional counselor intern working under the supervision of a licensed mental health therapist; or

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3. a student enrolled in a program leading to licensure as a mental health therapist, not currently licensed but exempted from licensure under Title 58, Utah Code Annotated, 1953, as amended, and because of enrollment in qualified courses, internship or practicum, under the supervision of qualified faculty.

(See Title 58 of the Utah Code Annotated, 1953, as amended, or the particular profession's practice act rule for supervision requirements.)

B. Staff Qualified to Render Services

Rehabilitative services may be provided by:

1. any of the individuals identified in paragraph A of this chapter; or
2. one of the following individuals in accordance with the limitations set forth in Chapter 2, Scope of Services:
 - a. licensed social service worker;
 - b. licensed registered nurse;
 - c. licensed practical nurse; or
 - d. other trained individual.

1 - 6 Evaluation Procedures

In accordance with state law, an individual identified in paragraph A of Chapter 1-5 must conduct a evaluation (psychiatric diagnostic interview examination) to assess the existence, nature, or extent of illness, injury or other health deviation for the purpose of determining the client's need for mental health services. (See Chapter 2-2, Psychiatric Diagnostic Interview Examination.)

1 - 7 Treatment Plan

- A. If it is determined the individual needs mental health services, a treatment plan must be developed either by the individual identified in paragraph A of Chapter 1-5 conducting the psychiatric diagnostic interview examination, or by an individual identified in paragraph A of Chapter 1-5 who actually delivers the mental health services.
- B. The treatment plan is a written, individualized plan which contains measurable treatment goals related to problems identified in the psychiatric diagnostic interview examination. The treatment plan must be designed to improve and/or stabilize the client's condition.
- C. The treatment plan must include the following:
 1. measurable treatment goals developed in conjunction with the client;

If the treatment plan contains skills training and development services, it must include measurable goals specific to all skills issues being addressed with this treatment method. Please note that the actual skills training and development treatment goals may be developed by qualified skills training and development providers identified in items #1 - 5 of the "Who" section in Chapter 2 - 11 and 2 - 12, Skills Training and Development Services and Psychosocial Rehabilitative Services;
 2. the treatment regimen—the specific treatment methods that will be used to meet the measurable treatment goals;
 3. a projected schedule for service delivery, including the expected frequency and duration of each treatment method; and
 4. the credentials of individuals who will furnish the services.

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1 - 8 Periodic Review of the Treatment Plan

- A. An individual identified in paragraph A of Chapter 1-5 must periodically review the client's treatment plan every six months with completion during the calendar month in which it is due. Reviews may be conducted more frequently if the nature of needed services changes or if there is a change in the client's condition or status as determined by the individual identified in paragraph A of Chapter 1-5 overseeing the treatment plan. For children in state custody, periodic reviews of the treatment plan must be conducted in accordance with the Department of Human Services Review policy (i.e., at least quarterly), or more often as needed, if there is a change in the client's condition or status as determined by the individual identified in paragraph A of Chapter 1 - 5 overseeing the treatment plan.
- B. An individual identified in paragraph A of Chapter 1-5 must have sufficient face-to-face contact with the client in order to complete the six month review of progress toward the treatment objectives, the appropriateness of the services being prescribed and the need for the client's continued participation in the program.
- C. If an individual identified in paragraph A of Chapter 1-5 provides ongoing services to the client, then the treatment plan review conducted by this individual may not require a face-to-face contact. However, if the individual identified in paragraph A of Chapter 1-5 who will conduct the review has had only limited or no contact with the client during the preceding six months, and therefore, does not have sufficient clinical information to evaluate the treatment prescription, then the client must be seen face-to-face to conduct the treatment plan review.
- D. Treatment plan reviews shall be documented in detail in the client's record and include:
 1. the date and duration of the service;
 2. the specific service rendered (i.e., treatment plan review);
 3. a written update of progress toward established treatment goals, the appropriateness of the services being furnished, and the need for the client's continued participation in the program; and
 4. the signature and title of the individual who rendered the service.
- E. If the individual identified in paragraph A of Chapter 1-5 determines during a treatment plan review that the treatment plan, (e.g., problems, goals, methods, etc.) needs to be modified, then as part of the treatment plan review, an updated treatment plan also must be developed.
- F. The treatment plan review may be billed **only** if the review is conducted during a face-to-face interview with the client.
- G. The treatment plan review may be billed as psychiatric diagnostic interview examination or as individual psychotherapy, as reviews often are conducted within the context of an individual psychotherapy session. (See Chapters 2-1 and 2-3.)

1 - 9 Documentation

- A. The provider must develop and maintain sufficient written documentation for each medical or remedial therapy, service, or session for which billing is made.
- B. See Chapter 2, Scope of Services, for documentation requirements specific to each service.
- C. The clinical record must be kept on file, and made available for State or Federal review, upon request.

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1 - 10 Quality Improvement

PMHPs– PMHPs must implement a quality improvement plan in accordance with the PMHP Contract. (See PMHP Contract, Article VIII, Quality Assessment and Performance Improvement, Section F., Quality Assessment and Performance Improvement Program.)

Fee-For-Service Mental Health Centers– Fee-for-service mental health centers must have a written quality improvement plan. The plan must have the means to evaluate all aspects of the organization as well as the quality and timeliness of services delivered. The plan must include an interdisciplinary quality improvement committee that has the authority to report its findings and recommendations for improvement to the agency's director. The quality improvement committee must meet a least quarterly to conduct or review quality improvement activities and make recommendations for improvement. The quality improvement plan must also include written peer review procedures to assess access and the quality and adequacy of the services being delivered. The quality improvement plans must also include written peer review procedures for determining adherence to Medicaid policy outlined in this manual and in the Medicaid Provider Manual for Targeted Case Management for the Chronically Mentally Ill, including a process for determining whether claims for Medicaid payment have been made appropriately. Peer reviews must be conducted no less than two times per year. The quality improvement committee, and any subcommittees, must maintain written documentation of quality improvement meetings and the results of peer reviews subject to review by State and Federal officials.

1 - 11 Collateral Services

A. Collateral services may be billed if the following conditions are met:

1. the service is provided face-to-face to an immediate family member (for example, parent or foster parent) on behalf of the identified client and the client is not present; and
2. the identified client is the focus of the session.

B. The collateral service must be billed as follows:

1. If a licensed mental health therapist provides a collateral service, it should be billed as 90846, Family Psychotherapy Without Patient Present. (See Chapter 2-7, Family Psychotherapy for documentation requirements.)
2. If a non-licensed mental health therapist provides a collateral service, then the service must be billed according to the service provided (i.e., mental health assessment by non-physician, H0031; individual therapeutic behavioral services, or H2014, individual skills training and development. See Chapter 2, Scope of Services, for service definitions.

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2 SCOPE OF SERVICES

Services covered by Medicaid include psychiatric diagnostic interview examination, psychological testing, individual psychotherapy, individual psychotherapy with medical evaluation and management services, family psychotherapy, group psychotherapy, pharmacologic management, therapeutic behavioral services, skills training and development, and psychosocial rehabilitative services, as described in Chapters 2 - 2 through 2 - 12.

2 - 1 General Limitations

Effective July 1, 2002, certain Medicaid adult clients age 19 and over in the TANF and Medically Needy Medicaid eligibility categories have a reduced benefits package. These clients' Medicaid cards will be blue.

Medicaid clients with the reduced benefits package will have the following service limitations:

1. Inpatient mental health care– There is a 30-day maximum per year per client for inpatient mental health care.
2. Outpatient mental health services/visits– There is a maximum of 30 outpatient mental health treatment services/visits per client per year for outpatient mental health care. Targeted case management services for the chronically mentally ill also count toward the 30 outpatient mental health services/visits maximum.

Substitutions– Substitution of outpatient mental health services/visits for inpatient days may be made if the client requires more than 30 outpatient mental health services/visits per year, the client would otherwise be hospitalized for treatment of the mental illness or condition, and in lieu of hospitalization, outpatient mental health services could be used to stabilize the client. If the criteria for substitution are met, all outpatient mental health services, with the exception of day treatment (i.e., group skills development services), may be substituted at a rate of one outpatient mental health service/visit for one inpatient day. Day treatment may be substituted at a rate of two day treatment visits for each inpatient mental health day.

Example: A client has utilized the maximum outpatient mental health benefits by using ten outpatient day treatment visits and 20 other outpatient mental health services. However, without continued outpatient mental health treatment, the client would require inpatient mental health care. Therefore, the client utilizes another 20 day treatment visits and 15 other outpatient mental health services. The 20 outpatient day treatment visits are substituted for ten inpatient days and the 15 other outpatient mental health services are substituted for 15 inpatient days. The client now has five inpatient mental health days available for the remainder of the year. The client discontinues outpatient mental health treatment. An additional five outpatient mental health services could be used later in the year only if the client again meets the substitution criteria. Without meeting this criteria, there are no remaining outpatient mental health benefits, only the five inpatient mental health days.

3. The following services are also excluded and may not be billed under any of the services specified in chapters 2 - 2 through 2 - 12:
 - a. Services for conditions without manifest mental health diagnoses (i.e., conditions that do not warrant a mental health diagnosis);
 - b. Hypnosis, occupational or recreational therapy;
 - c. Office calls in conjunction with medication management for repetitive therapeutic injections; and
 - d. Psychiatric diagnostic interview examination for legal purposes only (e.g., for custodial or visitation rights, etc.)

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2 - 2 Psychiatric Diagnostic Interview Examination (Mental Health Evaluation)

Psychiatric diagnostic interview examination means a face-to-face evaluation where the existence, nature, or extent of illness, injury, or other health deviation is identified for the purpose of determining the client's need for mental health services.

If it is determined a client is in need of mental health services, the mental health therapist must develop an individualized treatment plan. (See Chapter 1-7).

Psychiatric diagnostic interview examinations may also be provided in a tele-health setting.

- Who:
1. licensed mental health therapist;
 2. an individual who is working within the scope of his or her certificate or license:
 - a. licensed physician assistant working under the supervision of a licensed physician (See Limits below) (diagnostic evaluations to determine need for medications only);
 - b. certified psychology resident working under the supervision of a licensed psychologist;
 - c. certified social worker working under the supervision of a licensed clinical social worker;
 - d. advanced practice registered nurse intern working under the supervision of a licensed advanced practice registered nurse;
 - e. certified marriage and family therapist intern working under the supervision of a licensed marriage and family therapist; or
 - f. certified professional counselor intern working under the supervision of a licensed mental health therapist; or
 3. a student enrolled in a program leading to licensure as a mental health therapist, not currently licensed but exempted from licensure under Title 58, Utah Code Annotated, 1953, as amended, and because of enrollment in qualified courses, internship or practicum, under the supervision of qualified faculty.

Record: Psychiatric Diagnostic Interview Examination:

1. date and actual time of the service;
2. duration of the service;
3. setting in which the service was rendered;
4. specific service rendered (i.e., psychiatric diagnostic interview examination);
5. summary of psychiatric diagnostic interview examination findings that includes:
 - a. diagnoses; and
 - b. summary of recommended mental health treatment services, and other recommended services as appropriate; and
6. signature and title of individual who rendered the service.

Unit: **90801 - Psychiatric Diagnostic Interview Examination - per 15 minutes;**

90801- Psychiatric Diagnostic Interview Examination provided in a tele-health setting - limited to physicians - **per 15 minutes, use GT modifier**

90802 - Psychiatric Diagnostic Interview Examination - Interactive psychiatric diagnostic interview examination using play equipment, physical devices, language interpreter, or other mechanisms of communication - **per 15 minutes**

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When billing or reporting these procedures, round to the nearest full unit. For example, 22 minutes of service equals 1 unit; 23 minutes of service equals 2 units.

- Limits:
1. The periodic reevaluation of the client's treatment plan by an individual identified in paragraph A of Chapter 1 - 5 may be billed only if the reevaluation conducted includes a face-to-face interview with the client.
 2. Psychiatric diagnostic interview examinations provided in a tele-health setting are limited to rural mental health centers.
 3. When a psychiatric diagnostic interview examination is provided in a tele-health setting, only this subcontracted service may be billed. The time spent by a mental health center case manager or other mental health professional to assist the client during the service provided in the tele-health setting **may not** also be billed.

The following services are not covered services under Medicaid and may not be billed to Medicaid:

4. Services where the therapist or others during the session use coercive techniques (e.g., coercive physical restraints, including interference with body functions such as vision, breathing and movement, or noxious stimulation) to evoke an emotional response in the child such as rage or to cause the child to undergo a rebirth experience. Coercive techniques are sometimes also referred to as holding therapy, rage therapy, rage reduction therapy or rebirthing therapy.
5. Services wherein the therapist instructs and directs parents or others in the use of coercive techniques that are to be used with the child in the home or other setting outside the therapy session.
6. See General Limitations in Chapter 2 - 1.

2 - 3 Mental Health Assessment by a Non-Mental Health Therapist

Mental health assessment by a non-mental health therapist means participating as part of a multi-disciplinary team in the psychiatric diagnostic interview examination process by gathering parts of the psychosocial data when working under the supervision of an individual identified in Chapter 2 -2, #1 through 3, in the Who: section:

- Who:
1. licensed social service worker;
 2. licensed registered nurse; or
 3. licensed practical nurse.

Although an individual identified in 1 - 3 above may **assist** in the evaluation process by meeting with the client to gather parts of the psychosocial data as directed by the supervisor, an individual identified in Chapter 2 - 2, #1 through 3 of the Who: section, must see the individual face-to-face to conduct the psychiatric diagnostic interview examination.

Individuals identified in 1 - 3 may also participate as part of the multi-disciplinary team in the development of the treatment plan, **but they may not independently diagnose or prescribe treatment.** Individuals identified in Chapter 2 -2, #1 through 3 of the Who: section, based on their face-to-face evaluation of the client, must diagnose and prescribe treatment.

(See Title 58 of the Utah Code Annotated, 1953, as amended, or the particular profession's practice act rule for supervision requirements.)

Record: Mental Health Assessment by a Non-Mental Health Therapist

1. date and actual time of the service;
2. duration of the service;

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3. setting in which the service was rendered;
4. specific service rendered (i.e., mental health assessment by a Non-Mental Health Therapist);
5. summary of psychosocial findings
6. signature and title of individual who rendered the service.

Units: **H0031 - Mental Health Assessment by a Non-Mental Health Therapist** – Psychosocial portion completed by non mental health therapist, **per 15 minutes**

When billing or reporting this procedure, round to the nearest full unit. For example, 22 minutes of service equals 1 unit; 23 minutes of service equals 2 units.

Limits: The following services are not covered services under Medicaid and may not be billed to Medicaid:

1. Services where the therapist or others during the session use coercive techniques (e.g., coercive physical restraints, including interference with body functions such as vision, breathing and movement, or noxious stimulation) to evoke an emotional response in the child such as rage or to cause the child to undergo a rebirth experience. Coercive techniques are sometimes also referred to as holding therapy, rage therapy, rage reduction therapy or rebirthing therapy.
2. Services wherein the therapist instructs and directs parents or others in the use of coercive techniques that are to be used with the child in the home or other setting outside the therapy session.
3. See General Limitations in Chapter 2 - 1.

2 - 4 Psychological Testing

Psychological testing means administering (face-to-face), evaluating, and preparing a written report of the results of psychometric, diagnostic, projective, or standardized IQ tests.

Who:

1. licensed physician;
2. licensed psychologist; or
3. certified psychology resident working under the supervision of a licensed psychologist.

(See Title 58 of the Utah Code Annotated, 1953, as amended, or the particular profession's practice act rule for supervision requirements.)

Record:

1. date(s) and actual time(s) of testing;
2. duration of the testing;
3. setting in which the testing was rendered;
4. specific service rendered;
5. signature and title of individual who rendered the service; and
6. written test reports which include:
 - a. brief history
 - b. tests administered;
 - c. test scores;

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- d. evaluation of test results;
- e. current functioning of the examinee;
- f. diagnoses;
- g. prognosis; and
- h. specific treatment recommendations for mental health services, and other recommended services as appropriate.

Unit: **96100 - Psychological Testing** - includes psychodiagnostic assessment of personality, psychopathology, emotionality, intellectual abilities, e.g., WAIS-R, Rorschach, MMPI, with interpretation and report - **per hour**

96105 - Assessment of Aphasia - includes assessment of expressive and receptive speech and language function, language comprehension, speech production ability, reading spelling, writing, e.g., Boston Diagnostic Aphasia Examination, with interpretation and report - **per hour**

96110 - Developmental Testing: limited - e.g., Developmental Screening Test II, Early Language Milestone Screen, with interpretation and report - **per hour**

96111 - Developmental Testing: extended - includes assessment of motor, language, social, adaptive and/or cognitive functioning by standardized developmental instruments, e.g., Bayley Scales of Infant Development, with interpretation and report - **per hour**

96115 - Neurobehavioral Status Exam - Clinical assessment of thinking, reasoning and judgment, e.g., acquired knowledge, attention, memory, visual spatial abilities, language functions, planning, with interpretation and report - **per hour**

96117 - Neuropsychological Testing Battery - e.g., Halstead-Reitan, Luria, WAIS-R, with interpretation and report - **per hour**

When billing or reporting these procedure codes, round to the nearest full unit. For example, 1 hour and 29 minutes of service equals 1 unit and 1 hour and 30 minutes of service equals 2 units.

Limits: The following services are not covered services under Medicaid and may not be billed to Medicaid:

1. Services where the therapist or others during the session use coercive techniques (e.g., coercive physical restraints, including interference with body functions such as vision, breathing and movement, or noxious stimulation) to evoke an emotional response in the child such as rage or to cause the child to undergo a rebirth experience. Coercive techniques are sometimes also referred to as holding therapy, rage therapy, rage reduction therapy or rebirthing therapy.
2. Services wherein the therapist instructs and directs parents or others in the use of coercive techniques that are to be used with the child in the home or other setting outside the therapy session.
3. See General Limitations in Chapter 2 - 1.

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2 - 5 Individual Psychotherapy (Individual Mental Health Therapy)

Individual psychotherapy means face-to-face interventions with an individual client with a focus on improving the client's emotional and mental adjustment and social functioning based on measurable treatment goals identified in the client's individual treatment plan. Individual therapy may also be provided in a tele-health setting.

- Who:
1. licensed mental health therapist;
 2. an individual who is working within the scope of his or her certificate or license:
 - a. certified psychology resident working under the supervision of a licensed psychologist;
 - b. certified social worker working under the supervision of a licensed clinical social worker;
 - c. advanced practice registered nurse intern working under the supervision of a licensed advanced practice registered nurse;
 - d. certified marriage and family therapist intern working under the supervision of a licensed marriage and family therapist;
 - e. certified professional counselor intern working under the supervision of a licensed mental health therapist; or
 3. a student enrolled in a program leading to licensure as a mental health therapist, not currently licensed but exempted from licensure under Title 58, Utah Code Annotated, 1953, as amended, and because of enrollment in qualified courses, internship or practicum, under the supervision of qualified faculty.

(See Title 58 of the Utah Code Annotated, 1953, as amended, or the particular profession's practice act rule for supervision requirements.)

Record: For each session:

1. date and actual time of the service;
2. duration of the service;
3. setting in which the service was rendered;
4. specific service rendered;
5. treatment goal(s);
6. clinical note describing the client's progress toward treatment goal(s); and
7. signature and title of individual who rendered the service.

Unit: **Individual Psychotherapy** - Insight oriented, behavior modifying and/or supportive, in an office or outpatient facility

90804 - approximately 20 to 30 minutes face-to-face with the patient

90806 - approximately 45 to 50 minutes face-to-face with the patient

90808 - approximately 75 to 80 minutes face-to-face with the patient

Individual Psychotherapy - Interactive psychotherapy using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an office or outpatient facility

90810 - approximately 20 to 30 minutes face-to-face with the patient

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90812 - approximately 45 to 50 minutes face-to-face with the patient

90814 - approximately 75 to 80 minutes face-to-face with the patient

When billing or reporting any of the above psychotherapy treatment codes, round minutes to the nearest appropriate code. For example, if an individual therapy session lasts 37 minutes, use the applicable procedure code with a 20-30 minute time frame. If an individual therapy session lasts 38 minutes, use the applicable procedure code with a 45-50 minute time frame.

When billing or reporting any of the above psychotherapy treatment codes for therapy provided in a tele-health setting, use a GT modifier.

- Limits:
1. The periodic reevaluation of the client's treatment plan by an individual identified in paragraph A of Chapter 1 - 5 may be billed only if the reevaluation conducted includes a face-to-face interview with the client.
 2. Individual psychotherapy services provided in a tele-health setting are limited to rural mental health centers.
 3. When individual psychotherapy is provided in a tele-health setting, only this subcontracted service may be billed. The time spent by a mental health center case manager or other mental health professional to assist the client during the service provided in the tele-health setting **may not** also be billed.

The following services are not covered services under Medicaid and may not be billed to Medicaid:

4. Services where the therapist or others during the session use coercive techniques (e.g., coercive physical restraints, including interference with body functions such as vision, breathing and movement, or noxious stimulation) to evoke an emotional response in the child such as rage or to cause the child to undergo a rebirth experience. Coercive techniques are sometimes also referred to as holding therapy, rage therapy, rage reduction therapy or rebirthing therapy.
5. Services wherein the therapist instructs and directs parents or others in the use of coercive techniques that are to be used with the child in the home or other setting outside the therapy session.
6. See General Limitations in Chapter 2 - 1.

2 - 6 Individual Psychotherapy with Medical Evaluation and Management Services

Individual psychotherapy with medical evaluation and management services means face-to-face interventions with an individual client with a focus on improving the client's emotional and mental adjustment and social functioning based on measurable treatment goals identified in the client's individual treatment plan with medical evaluation and management. Individual psychotherapy **with medical evaluation and management services** may also be provided in a tele-health setting.

- Who:
1. licensed physician;
 2. licensed advanced practice registered nurse;

- Record: For each session:
1. date and actual time of the service;
 2. duration of the service;
 3. setting in which the service was rendered;

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4. specific service rendered;
5. treatment goal(s);
6. clinical note describing the client's progress toward treatment goal(s); and
7. signature and title of individual who rendered the service.

Unit: **Individual Psychotherapy** - Insight oriented, behavior modifying and/or supportive, in an office or outpatient facility **with medical evaluation and management**

90805 - approximately 20 to 30 minutes face-to-face with the patient

90807 - approximately 45 to 50 minutes face-to-face with the patient

90809 - approximately 75 to 80 minutes face-to-face with the patient

Individual Psychotherapy - Interactive psychotherapy using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an office or outpatient facility **with medical evaluation and management**

90811 - approximately 20 to 30 minutes face-to-face with the patient

90813 - approximately 45 to 50 minutes face-to-face with the patient

90815 - approximately 75 to 80 minutes face-to-face with the patient

When billing or reporting any of the above psychotherapy treatment codes, round minutes to the nearest appropriate code. For example, if an individual therapy session lasts 37 minutes, use the applicable procedure code with a 20-30 minute time frame. If an individual therapy session lasts 38 minutes, use the applicable procedure code with a 45-50 minute time frame.

When billing or reporting any of the above psychotherapy treatment codes for therapy provided in a tele-health setting, use a GT modifier.

- Limits:
1. The periodic reevaluation of the client's treatment plan by an individual identified in paragraph A of Chapter 1 - 5 may be billed only if the reevaluation conducted includes a face-to-face interview with the client.
 2. Individual psychotherapy **with medical evaluation and management** provided in a tele-health setting is limited to rural mental health centers.
 3. When individual psychotherapy **with medical evaluation and management** is provided in a tele-health setting, only this subcontracted service may be billed. The time spent by a mental health center case manager or other mental health professional to assist the client during the service provided in the tele-health setting **may not** also be billed.

The following services are not covered services under Medicaid and may not be billed to Medicaid:

4. Services where the therapist or others during the session use coercive techniques (e.g., coercive physical restraints, including interference with body functions such as vision, breathing and movement, or noxious stimulation) to evoke an emotional response in the child such as rage or to cause the child to undergo a rebirth experience. Coercive techniques are sometimes also referred to as holding therapy, rage therapy, rage reduction therapy or rebirthing therapy.
5. Services wherein the therapist instructs and directs parents or others in the use of coercive techniques that are to be used with the child in the home or other setting outside the therapy session.

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6. See General Limitations in Chapter 2 - 1.

2 - 7 Family Psychotherapy

Family psychotherapy means face-to-face interventions with family members (e.g., parent or foster parent) on behalf of an identified client with a focus on improving the client's (and the family's) emotional and mental adjustment and social functioning based on measurable treatment goals identified in the client's individual treatment plan.

- Who:
1. licensed mental health therapist;
 2. an individual who is working within the scope of his or her certificate or license:
 - a. certified psychology resident working under the supervision of a licensed psychologist;
 - b. certified social worker working under the supervision of a licensed clinical social worker;
 - c. advanced practice registered nurse intern working under the supervision of a licensed advanced practice registered nurse;
 - d. certified marriage and family therapist intern working under the supervision of a licensed marriage and family therapist; or
 - e. certified professional counselor intern working under the supervision of a licensed mental health therapist; or
 3. a student enrolled in a program leading to licensure as a mental health therapist, not currently licensed but exempted from licensure under Title 58, Utah Code Annotated, 1953, as amended, and because of enrollment in qualified courses, internship or practicum, under the supervision of qualified faculty.

(See Title 58 of the Utah Code Annotated, 1953, as amended, or the particular profession's practice act rule for supervision requirements.)

Record: For each session:

1. date and actual time of the service;
2. duration of the service;
3. setting in which the service was rendered;
4. specific service rendered;
5. treatment goal(s);
6. clinical note describing the client's progress toward treatment goal(s); and
7. signature and title of individual who rendered the service.

Unit: **90847 - Family Psychotherapy** - with patient present - **per 15 minutes**

90846 - Family Psychotherapy - without patient present - **per 15 minutes***

When billing or reporting these procedure codes, round to the nearest full unit. For example, 22 minutes of service equals 1 unit; 23 minutes of service equals 2 units.

***Please Note:** If family psychotherapy is provided **without** patient present, see Chapter 1-11, Collateral Services.

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Limits: The following services are not covered services under Medicaid and may not be billed to Medicaid:

1. Services where the therapist or others during the session use coercive techniques (e.g., coercive physical restraints, including interference with body functions such as vision, breathing and movement, or noxious stimulation) to evoke an emotional response in the child such as rage or to cause the child to undergo a rebirth experience. Coercive techniques are sometimes also referred to as holding therapy, rage therapy, rage reduction therapy or rebirthing therapy.
2. Services wherein the therapist instructs and directs parents or others in the use of coercive techniques.
3. See General Limitations in Chapter 2 - 1.

2 - 8 Group Psychotherapy (Group Mental Health Therapy)

Group psychotherapy means face-to-face clinical treatment of two or more clients or families in the same session to improve the client's emotional and mental adjustment, and social functioning based on measurable treatment goals identified in the client's individual treatment plan. Groups should not exceed 10 individuals unless a co-therapist is present. Medicaid reimbursement may be claimed only for the Medicaid eligible clients in the group.

- Who:
1. licensed mental health therapist;
 2. an individual who is working within the scope of his or her certificate or license:
 - a. certified psychology resident working under the supervision of a licensed psychologist;
 - b. certified social worker working under the supervision of a licensed clinical social worker;
 - c. advanced practice registered nurse intern working under the supervision of a licensed advanced practice registered nurse;
 - d. certified marriage and family therapist intern working under the supervision of a licensed marriage and family therapist; or
 - e. certified professional counselor intern working under the supervision of a licensed mental health therapist; or
 3. a student enrolled in a program leading to licensure as a mental health therapist, not currently licensed but exempted from licensure under Title 58, Utah Code Annotated, 1953, as amended, and because of enrollment in qualified courses, internship or practicum, under the supervision of qualified faculty.

(See Title 58 of the Utah Code Annotated, 1953, as amended, or the or the particular profession's practice act rule for supervision requirements.)

Record: For each session:

1. date and actual time of the service;
2. duration of the service;
3. setting in which the service was rendered;
4. specific service rendered;
5. treatment goal(s);
6. monthly or per session clinical note describing the client's progress toward treatment goal(s); and
7. signature and title of individual who rendered the service.

If a clinical note summarizing progress toward treatment goals is written for each group session, then a monthly progress note is **not** also required.

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Unit: **90849 - Group Psychotherapy** - Multiple-family group psychotherapy - **per 15 minutes per client**

90853 - Group Psychotherapy - Group psychotherapy (other than of a multiple-family group) - **per 15 minutes per client**

90857 - Group Psychotherapy - Interactive group psychotherapy using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication - **per 15 minutes per client**

When billing or reporting these procedure codes, round to the nearest full unit. For example, 22 minutes of service equals 1 unit; 23 minutes of service equals 2 units.

Limits: The following services are not covered services under Medicaid and may not be billed to Medicaid:

1. Services where the therapist or others during the session use coercive techniques (e.g., coercive physical restraints, including interference with body functions such as vision, breathing and movement, or noxious stimulation) to evoke an emotional response in the child such as rage or to cause the child to undergo a rebirth experience. Coercive techniques are sometimes also referred to as holding therapy, rage therapy, rage reduction therapy or rebirthing therapy.
2. Services wherein the therapist instructs and directs parents or others in the use of coercive techniques that are to be used with the child in the home or other setting outside the therapy session.
3. See General Limitations in Chapter 2 - 1.

2 - 9 Pharmacologic Management (Medication Management)

Pharmacologic management means a face-to-face intervention that includes prescribing, administering, monitoring, or reviewing the client's medication and medication regimen and providing appropriate information to the client regarding the medication regimen. Physician pharmacologic management services may also be provided in a tele-health setting.

- Who:
1. licensed physician;
 2. licensed advanced practice registered nurse;
 3. advanced practice registered nurse intern working under the supervision of a licensed advanced practice registered nurse;
 4. licensed registered nurse;
 5. licensed practical nurse working under the supervision of a licensed physician, licensed advanced practice registered nurse, or licensed registered nurse; or
 6. other practitioner licensed under State law to prescribe, review, or administer medication acting within the scope of his /her license.

(See Title 58 of the Utah Code Annotated, 1953, as amended, or the or the particular profession's practice act rule for supervision requirements.)

Record: For each session:

1. medication order or copy of the prescription signed by the prescribing practitioner;
2. date and actual time of service;
3. duration of the service;

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4. setting in which the service was rendered;
5. specific service rendered;
6. treatment goal(s);
7. written note summarizing the client's progress toward treatment goal(s); and
8. signature and title of individual who rendered the services.

Unit: **90862 - Pharmacologic Management by physician** - per encounter by a licensed physician, licensed advanced practice registered nurse, or advanced practice registered nurse intern working under the supervision of a licensed advanced practice registered nurse, or other practitioner licensed under state law to prescribe medication acting within the scope of his/her license.

90862 with GT modifier - Pharmacologic Management by physician provided in a tele-health setting - per encounter by a licensed physician.

90862 with TD modifier - Pharmacologic Management by Nurse - per encounter by a licensed registered nurse, or a licensed practical nurse working under the supervision of a licensed physician, licensed advanced practice registered nurse, or licensed registered nurse.

When billing or reporting this procedure code, bill or report 1 unit, regardless of the length of the service. Service is based on an encounter. If the client receives the *same* service more than once on the same day, bill or report services as separate lines on the same claim.

Limits:

1. Physician pharmacologic management services provided in a tele-health setting are limited to rural mental health centers.
2. When physician pharmacologic management is provided in a tele-health setting, only this subcontracted service may be billed. The time spent by a mental health center case manager or other mental health professional to assist the client during the service provided in the tele-health setting **may not** also be billed.

The following services are not covered services under Medicaid and may not be billed to Medicaid:

3. Services where the therapist or others during the session use coercive techniques (e.g., coercive physical restraints, including interference with body functions such as vision, breathing and movement, or noxious stimulation) to evoke an emotional response in the child such as rage or to cause the child to undergo a rebirth experience. Coercive techniques are sometimes also referred to as holding therapy, rage therapy, rage reduction therapy or rebirthing therapy.
4. Services wherein the therapist instructs and directs parents or others in the use of coercive techniques that are to be used with the child in the home or other setting outside the therapy session.
5. See General Limitations in Chapter 2 - 1.

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2 - 10 Therapeutic Behavioral Services (Behavior Management)

Therapeutic behavioral services means face-to-face interventions with an individual, family, or group (group counseling by a clinician) of individuals experiencing a specific behavioral problem using a psychoeducational approach, after diagnosis by a licensed mental health therapist, and in accordance with a treatment plan developed, directed and supervised by the licensed mental health therapist, and includes stress management, relaxation techniques, assertiveness training, conflict resolution, and behavior modification, etc. Groups should not exceed 10 individuals unless a co-leader is present.

- Who:
1. licensed mental health therapist;
 2. an individual who is working within the scope of his or her certificate or license:
 - a. certified psychology resident working under the supervision of a licensed psychologist;
 - b. certified social worker working under the supervision of a licensed clinical social worker;
 - c. advanced practice registered nurse intern working under the supervision of a licensed advanced practice registered nurse or physician;
 - d. certified marriage and family therapist intern working under the supervision of a licensed marriage and family therapist; or
 - e. certified professional counselor intern working under the supervision of a licensed mental health therapist;
 3. a student enrolled in a program leading to licensure as a mental health therapist, not currently licensed but exempted from licensure under Title 58, Utah Code Annotated, 1953, as amended, and because of enrollment in qualified courses, internship or practicum, under the supervision of qualified faculty;
 4. licensed registered nurse;
 5. licensed social service worker working under the supervision of a licensed mental health therapist;
 6. student enrolled in a program leading to licensure as a certified social worker working under the supervision of a licensed mental health therapist or a licensed certified social worker;
 7. student enrolled in a program leading to licensure as a registered nurse, working under the supervision of a licensed registered nurse; or
 8. student enrolled in a program leading to licensure as a social service worker, working under the supervision of a licensed mental health therapist.

(See Title 58 of the Utah Code Annotated, 1953, as amended, or the particular profession's practice act rule for supervision requirements.)

Record: For each session:

1. date and actual time of the service;
2. duration of the service;
3. setting in which the service was rendered;
4. specific service rendered;
5. treatment goal(s);
6. For **individual/family therapeutic behavioral services** --clinical note describing the client's progress toward treatment goal(s);

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7. For **group therapeutic behavioral services** monthly or per session clinical note describing the client's progress toward treatment goal(s); and
8. signature and title of individual who rendered the service.

If a note summarizing progress toward treatment goals is written for each group session, then a monthly note is not also required.

Unit: **H2019 - Individual/Family Therapeutic Behavioral Services** - per 15 minutes

H2019 with HQ modifier - Group Therapeutic Behavioral Services - per 15 minutes per client

When billing or reporting this procedure code, round to the nearest full unit. For example, 22 minutes of service equals 1 unit; 23 minutes of service equals 2 units.

Limits: The following services are not covered services under Medicaid and may not be billed to Medicaid:

1. Services where the therapist or others during the session use coercive techniques (e.g., coercive physical restraints, including interference with body functions such as vision, breathing and movement, or noxious stimulation) to evoke an emotional response in the child such as rage or to cause the child to undergo a rebirth experience. Coercive techniques are sometimes also referred to as holding therapy, rage therapy, rage reduction therapy or rebirthing therapy.
2. Services wherein the therapist instructs and directs parents or others in the use of coercive techniques that are to be used with the child in the home or other setting outside the therapy session.
3. See General Limitations in Chapter 2 - 1.

2 - 11 Individual Skills Training and Development (Individual Skills Development Services)

Individual skills training and development means rehabilitative services provided face-to-face to an individual in an outpatient setting, day treatment program, residential program, individual's home, or other appropriate setting to:

- A. assist an individual to develop competence in basic living skills in the areas of food planning, shopping, food preparation, money management, mobility, grooming, personal hygiene and maintenance of the living environment, and to assist the individual in complying with their medication regimen ; or
- B. assist an individual to develop appropriate social, interpersonal and communication skills, and effective behaviors.

- Who:
1. licensed mental health therapist;
 2. an individual who is working within the scope of his or her certificate or license:
 - a. certified psychology resident working under the supervision of a licensed psychologist;
 - b. certified social worker working under the supervision of a licensed clinical social worker;
 - c. advanced practice registered nurse intern working under the supervision of a licensed advanced practice registered nurse or physician;
 - d. certified marriage and family therapist intern working under the supervision of a licensed marriage and family therapist; or
 - e. certified professional counselor intern working under the supervision of a licensed mental health therapist. licensed mental health therapist;
 3. a student enrolled in a program leading to licensure as a mental health therapist, not currently licensed but exempted from licensure under Title 58, Utah Code Annotated, 1953, as amended, and because of enrollment in qualified courses, internship or practicum, under the supervision of qualified faculty;

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4. licensed registered nurse;
5. licensed social service worker;
6. student enrolled in a program leading to licensure as a certified social worker, working under the supervision of a licensed mental health therapist or a licensed certified social worker;
7. student enrolled in a program leading to licensure as a registered nurse, working under the supervision of a licensed registered nurse;
8. student enrolled in a program leading to licensure as a social service worker, working under the supervision of a licensed mental health therapist, licensed certified social worker, or licensed social service worker; or
9. licensed practical nurse, or other trained staff, working under the supervision of a licensed mental health therapist, licensed certified social worker, licensed registered nurse, or licensed social service worker.

Record: For each session:

1. date and actual time of the service;
2. duration of the service;
3. setting in which the service was rendered;
4. specific service rendered;
5. treatment goal(s);
6. note describing the client's progress toward treatment goal(s); and
7. signature and title of individual who rendered the service.

Unit: **H2014 - Individual Skills Training and Development** - per 15 minutes

When billing or reporting this procedure code, round to the nearest full unit. For example, 22 minutes of service equals 1 unit; 23 minutes of service equals 2 units.

- Limits:
1. Individual skills training and development services do **not** include:
 - a. activities in which staff is not present and actively involved in teaching a needed skill;
 - b. activities in which staff performs tasks for the client;
 - c. personal care services, e.g., performing grooming and personal hygiene tasks for the client;
 - d. routine supervision of clients;
 - e. meeting and counseling with the client's family, legal guardian and/or significant other. Such encounters may be covered only if the services are directed exclusively to the treatment of the client;
 - f. routine transportation of the client or transportation to the site where a skills training and development service will be provided;
 - g. job training, job coaching, vocational and educational services; and
 - h. routine completion of chores or activities of daily living by the client in a residential setting after the skill required to complete the chore or daily living activity has already been acquired.

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2. Services where the therapist or others during the session use coercive techniques (e.g., coercive physical restraints, including interference with body functions such as vision, breathing and movement, or noxious stimulation) to evoke an emotional response in the child such as rage or to cause the child to undergo a rebirth experience. Coercive techniques are sometimes also referred to as holding therapy, rage therapy, rage reduction therapy or rebirthing therapy.
3. Services wherein the therapist instructs and directs parents or others in the use of coercive techniques that are to be used with the child in the home or other setting outside the therapy session.
4. See General Limitations in Chapter 2 - 1.

2 - 12 Psychosocial Rehabilitative Services (Group Skills Development Services)

Psychosocial rehabilitative services means rehabilitative services provided face-to-face to a group of individuals in a residential program, day treatment program, or other appropriate setting to:

- A. assist individuals to develop competence in basic living skills in the areas of food planning, shopping, food preparation, money management, mobility, grooming, personal hygiene and maintenance of the living environment, and to assist the individual in complying with their medication regimen; and
- B. assist individuals to develop appropriate social, interpersonal and communication skills, and effective behaviors

Who:

1. licensed mental health therapist;
2. an individual who is working within the scope of his or her certificate or license:
 - a. certified psychology resident working under the supervision of a licensed psychologist;
 - b. certified social worker working under the supervision of a licensed clinical social worker;
 - c. advanced practice registered nurse intern working under the supervision of a licensed advanced practice registered nurse or physician;
 - d. certified marriage and family therapist intern working under the supervision of a licensed marriage and family therapist; or
 - e. certified professional counselor intern working under the supervision of a licensed mental health therapist. licensed mental health therapist;
3. a student enrolled in a program leading to licensure as a mental health therapist, not currently licensed but exempted from licensure under Title 58, Utah Code Annotated, 1953, as amended, and because of enrollment in qualified courses, internship or practicum, under the supervision of qualified faculty;
4. licensed registered nurse;
5. licensed social service worker;
6. student enrolled in a program leading to licensure as a certified social worker, working under the supervision of a licensed mental health therapist or a licensed certified social worker;
7. student enrolled in a program leading to licensure as a registered nurse, working under the supervision of a licensed registered nurse;
8. student enrolled in a program leading to licensure as a social service worker, working under the supervision of a licensed mental health therapist, licensed certified social worker, or licensed social service worker; or
9. licensed practical nurse, or other trained staff, working under the supervision of a licensed mental health therapist, licensed certified social worker, licensed registered nurse, or licensed social service worker.

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- Record:
1. Daily log documenting the date and duration of the service and activities provided; and
 2. Monthly summary documenting (1) the significant and specific activities in which the client participated during the month, and (2) progress toward **psychosocial rehabilitative** treatment goals as a result of that participation. If more frequent summaries documenting progress toward **psychosocial rehabilitative** treatment goals are written, then a monthly summary is not also required.
 3. signature and title of individual who rendered the service.

If **psychosocial rehabilitative** treatment goals were met during the month as a result of participation in the **psychosocial rehabilitative** program, then new individualized goals must be developed and added to the treatment plan.

Units: **H2017 - Psychosocial Rehabilitative Services** - per 15 minutes per client, age 0 and older

H2017 with U1 modifier - Psychosocial Rehabilitative Services - Intensive Children's - per 15 minutes per client, for ages 0 through the month of the 13th birthday

When billing or reporting this procedure code, round to the nearest full unit. For example, 22 minutes of service equals 1 unit; 23 minutes of service equals 2 units.

- Limits:
1. Psychosocial Rehabilitative Services do **not** include:
 - a. activities in which staff is not present and actively involved in teaching a needed skill;
 - b. activities in which staff performs tasks for the client;
 - c. personal care services, e.g., performing grooming and personal hygiene tasks for the client;
 - d. routine supervision of clients;
 - e. meeting and counseling with the client's family, legal guardian and/or significant other. Such encounters may be covered only if the services are directed exclusively to the treatment of the client;
 - f. routine transportation of the client or transportation to the site where a **psychosocial rehabilitative** service will be provided;
 - g. job training, job coaching, vocational and educational services; and
 - h. routine completion of chores or activities of daily living by the client in a residential setting after the skill required to complete the chore or daily living activity has already been acquired.
 2. In **group child and adolescent psychosocial rehabilitative service** programs, a ratio of no more than twelve clients per professional staff must be maintained during the entire program.
 3. In **intensive group children's psychosocial rehabilitative service** programs, a ratio of no more than five clients per professional staff must be maintained during the entire program.
 4. Services where the therapist or others during the session use coercive techniques (e.g., coercive physical restraints, including interference with body functions such as vision, breathing and movement, or noxious stimulation) to evoke an emotional response in the child such as rage or to cause the child to undergo a rebirth experience. Coercive techniques are sometimes also referred to as holding therapy, rage therapy, rage reduction therapy or rebirthing therapy.
 5. Services wherein the therapist instructs and directs parents or others in the use of coercive techniques that are to be used with the child in the home or other setting outside the therapy session.
 6. See General Limitations in Chapter 2 - 1.

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3 REVISED PROCEDURE CODES AND MODIFIERS FOR MENTAL HEALTH SERVICES rendered on or after October 1, 2003

For each date of service, enter the appropriate five digit procedure code and modifier as indicated below:

Revised Codes	Service and Units
90801	Psychiatric Diagnostic Interview Examination - per 15 minutes;
90801 with GT modifier	Psychiatric Diagnostic Interview Examination provided in a tele-health setting - limited to physicians - per 15 minutes
90802	Psychiatric Diagnostic Interview Examination - Interactive psychiatric diagnostic interview examination using play equipment, physical devices, language interpreter, or other mechanisms of communication - per 15 minutes
H0031	Mental Health Assessment by a Non-Mental Health Therapist – Psychosocial portion completed by non mental health therapist, per 15 minutes
96100	Psychological Testing - includes psychodiagnostic assessment of personality, psycho-pathology, emotionality, intellectual abilities, e.g., WAIS-R, Rorschach, MMPI, with interpretation and report - per hour
96105	Assessment of Aphasia - includes assessment of expressive and receptive speech and language function, language comprehension, speech production ability, reading spelling, writing, e.g., Boston Diagnostic Aphasia Examination, with interpretation and report - per hour
96110	Developmental Testing: limited - e.g., Developmental Screening Test II, Early Language Milestone Screen, with interpretation and report - per hour
96111	Developmental Testing: extended - includes assessment of motor, language, social, adaptive and/or cognitive functioning by standardized developmental instruments, e.g., Bayley Scales of Infant Development, with interpretation and report - per hour
96115	Neurobehavioral Status Exam - Clinical assessment of thinking, reasoning and judgment, e.g., acquired knowledge, attention, memory, visual spatial abilities, language functions, planning, with interpretation and report - per hour
96117	Neuropsychological Testing Battery - e.g., Halstead-Reitan, Luria, WAIS-R, with interpretation and report - per hour
	Individual Psychotherapy - Insight oriented, behavior modifying and/or supportive, in an office or outpatient facility. Use a GT modifier for services provided in a tele-health setting.
90804	approximately 20 to 30 minutes face-to-face with the patient
90806	approximately 45 to 50 minutes face-to-face with the patient
90808	approximately 75 to 80 minutes face-to-face with the patient
	Individual Psychotherapy - Interactive psychotherapy using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an office or outpatient facility. Use a GT modifier for services provided in a tele-health setting.
90810	approximately 20 to 30 minutes face-to-face with the patient
90812	approximately 45 to 50 minutes face-to-face with the patient
90814	approximately 75 to 80 minutes face-to-face with the patient

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	Individual Psychotherapy - Insight oriented, behavior modifying and/or supportive, in an office or outpatient facility <u>with medical evaluation and management</u> . Use a GT modifier for services provided in a tele-health setting.
90805	approximately 20 to 30 minutes face-to-face with the patient
90807	approximately 45 to 50 minutes face-to-face with the patient
90809	approximately 75 to 80 minutes face-to-face with the patient
	Individual Psychotherapy - Interactive psychotherapy using play equipment, physical devices, language interpreter, or other mechanisms of non-verbal communication, in an office or outpatient facility <u>with medical evaluation and management</u> . Use a GT modifier for services provided in a tele-health setting.
90811	approximately 20 to 30 minutes face-to-face with the patient
90813	approximately 45 to 50 minutes face-to-face with the patient
90815	approximately 75 to 80 minutes face-to-face with the patient
90847	Family Psychotherapy - with patient present - per 15 minutes
90846	Family Psychotherapy - without patient present - per 15 minutes
90849	Group Psychotherapy - Multiple-family group psychotherapy - per 15 minutes per client
90853	90853 - Group Psychotherapy - Group psychotherapy (other than of a multiple-family group)
90857	90857 - Group Psychotherapy - Interactive group psychotherapy - per 15 minutes per client
90862	Pharmacologic Management by physician - per encounter by a licensed physician, licensed advanced practice registered nurse, or advanced practice registered nurse intern working under the supervision of a licensed advanced practice registered nurse, or other practitioner licensed under state law to prescribe medication acting within the scope of his/her license.
90862 with GT modifier	Pharmacologic Management by physician provided in a tele-health setting - per encounter by a licensed physician.
90862 with TD modifier	Pharmacologic Management by Nurse - per encounter by a licensed registered nurse, or a licensed practical nurse working under the supervision of a licensed physician, licensed advanced practice registered nurse, or licensed registered nurse.
H2019	Individual Therapeutic Behavioral Services - per 15 minutes
H2019 with HQ modifier	Group Therapeutic Behavioral Services - per 15 minutes per client
H2014	Individual Skills Training and Development - per 15 minutes
H2017	Psychosocial Rehabilitative Services -per 15 minutes per client
H2017 with U1 modifier	Psychosocial Rehabilitative Services - Intensive Children's - per 15 minutes per client, for ages 0 through the month of the 13th birthday

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4 OLD PROCEDURE CODES AND MODIFIERS FOR MENTAL HEALTH SERVICES rendered before October 1, 2003

For each date of service, enter the appropriate five digit procedure code and modifier as indicated below:

Old Codes¹	*Allowable Modifiers	Service and Units	Limits per Patient
Y4032	gt, tr	Mental Health Evaluation, per 15 minutes	No limit
Y4033		Psychological Testing, per 15 minutes	No limit
Y4041	gt, tr	Individual Mental Health Therapy, per 15 minutes	No limit
Y4051		Group Mental Health Therapy, per 15 minutes per client	No limit
Y0477		Individual Behavior Management, per 15 minutes	No limit
Y0478		Group Behavioral Management, per 15 minutes per client	No Limit
Y3060	gt, tr	Medication Management by physician, per encounter	No Limit
Y3064		Medication Management by R.N., per encounter	No Limit
Y0475		Individual Skills Development Services, per 15 minutes for ages 0 years or older.	No limit
Y4080		Group Adult Skills Development Services, per 15 minutes per client, for ages 18 and older, beginning with the month after the 18th birthday.	No Limit
Y4082		Group Child and Adolescent Skills Development Services, per 15 minutes per client, for ages 0 through the month of the 19th birthday.	No Limit
Y0476		Intensive Group Children's Skills Development Services, per 15 minutes per client, for ages 0 through the month of the 13th birthday	No Limit

* Allowable modifiers

gt: Use when service is provided in a tele-health setting

tr: Use on the claim for the service provided by the subcontracting tele-health provider when a Center case manager or other mental health professional assists the client during the service provided in the tele-health setting

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